

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Americans United for Safe Streets

(b) Address (number and street) ☒ check if different than previously reported

1401 Eye St. NW 7th Floor

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001853

3. Is This Statement

☐

New

or

☒

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

(b) Communication Title

VA-11 Cable & Broadcast/Reema Ad

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Eric Lee

(b) Address (number and street)

1401 Eye St. NW

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

Americans United for Safe Streets

(e) Occupation

Treasurer

9. Total Donations This Statement

100572.40

10. Total Disbursements/Obligations This Statement

100572.40

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Eric Lee

SIGNATURE Electronically Filed by Eric Lee

DATE 02/04/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Eric Lee	Transaction ID : F91.000001	
	(b) Address (number and street) 1401 Eye St. NW 7th Floor 7th Floor		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation Treasurer	
B.	(a) Name Michelle Adams	Transaction ID : F91.000002	
	(b) Address (number and street) 1401 Eye St. NW 7th Floor 7th Floor		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation Secretary	
C.	(a) Name Richard DeScherer	Transaction ID : F91.000003	
	(b) Address (number and street) 1401 Eye St. NW 7th Floor 7th Floor		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business Americans United for Safe Streets	(e) Occupation President	

A. Full Name of Donor

Michael R Bloomberg

Mailing Address of Donor
909 Third Ave.

City	State	Zip
New York	NY	10022

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Amount

1	0	0	5	7	2	.	4	0
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Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

1	0	0	5	7	2	.	4	0
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TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

1	0	0	5	7	2	.	4	0
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SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Abar Hutton Media				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 / 2 9 / 2 0 1 0</div>			
Mailing Address of Payee 6190 Grovedale Court Suite 200				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>			
City Alexandria		State VA		Zip Code 22310		Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 1 / 0 1 / 2 0 1 0</div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Cost of airtime(VA-11 Cable & Broadcast)							
Name of Federal Candidate Keith Fimian		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: VA District: 11		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee Devine Mulvey				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 1 / 0 1 / 2 0 1 0</div>			
Mailing Address of Payee 2141 Wisconsin Avenue, NW Suite H				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">572.40</div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 1 / 0 1 / 2 0 1 0</div>	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Cost of ad production (Reema Ad)							
Name of Federal Candidate Keith Fimian		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: VA District: 11		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">100572.40</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">100572.40</div>